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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,189	11/18/2003	Dwayne Need	MS 305612.01/60001.316US0	6229
7590 Robert A. Kalinsky Merchant & Gould P.C. P.O. Box 2903 Minneapolis, MN 55402-0903	08/07/2007		EXAMINER SALOMON, PHENUEL S	
			ART UNIT 2178	PAPER NUMBER
			MAIL DATE 08/07/2007	DELIVERY MODE PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

8

Interview Summary	Application No.	Applicant(s)	
	10/717,189	NEED ET AL.	
	Examiner Phenuel S. Salomon	Art Unit 2178	

All participants (applicant, applicant's representative, PTO personnel):

(1) Phenuel S. Salomon. (3) _____.

(2) Robert A. Kalinsky. (4) _____.

Date of Interview: 25 July 2007.

Type: a) Telephonic b) Video Conference
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.

If Yes, brief description: _____.

Claim(s) discussed: 12 and 16.

Identification of prior art discussed: _____.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: We discussed: Terminal Disclaimer to be filed against (US 7,143,213), Appl. No. 10/717307 and amendment to claim 12.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.



Examiner's signature, if required